



THE CITY OF SAN DIEGO

City of San Diego  
Inspection Services Division  
**Planning and Development Review**  
9601 Ridgehaven Court • Suite 220 • MS 1102-B  
San Diego, CA 92123  
Information (858) 492-5070 • FAX (858) 492-5098

# Special Inspection Agency/ Construction Materials Testing Laboratory Final Report

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

TO: Building Official, City of San Diego  
Inspection Services, Planning and Development Review  
9601 Ridgehaven Court, Suite 220  
San Diego, CA 92123



SUBJECT: SATISFACTORY COMPLETION OF WORK REQUIRING: (PLEASE CHECK AS APPLICABLE)

☐ SPECIAL INSPECTION    ☐ CONSTRUCTION MATERIALS TESTING

PERMIT NO.: \_\_\_\_\_ PLAN FILE NO.: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_ San Diego, California

☐ The special inspection services were provided by:

SPECIAL INSPECTION AGENCY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPECIAL INSPECTOR'S NAME: (TYPE OR PRINT) \_\_\_\_\_

(each special inspector is required to complete and submit this Final Report form)

SPECIAL INSPECTOR'S CERTIFICATION NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

☐ The construction materials testing were performed by:

TESTING LABORATORY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RESPONSIBLE MANAGING CIVIL ENGINEER OF THE TESTING LABORATORY: (MR./MS.) \_\_\_\_\_

STATE OF CALIFORNIA REGISTRATION NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I declare under penalty of perjury that, to the best of my knowledge, all the work requiring special inspection and/or material sampling and testing for the structure/s constructed under the subject permit is in conformance with the approved plans and construction documents, the approved inspection and testing program and the applicable workmanship provisions of the California Building Code as amended by The City of San Diego.

Executed on this \_\_\_\_\_ day of \_\_\_\_\_ / \_\_\_\_\_ .  
MONTH YEAR

Signature: \_\_\_\_\_

(SPECIAL INSPECTOR OR RESPONSIBLE MANAGING CIVIL ENGINEER, AS APPLICABLE)

*NOTE: At your option this form may be stored electronically and reproduced on your company's letterhead.*

This information is available in alternative formats for persons with disabilities.  
To request this information in alternative format, call (619) 236-7703 or (800) 735-2929 (TT)

DS-310 (3-00)